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PTO/GB/01 (10-01)
Approved for use through 10/31/2002. OMB 0551-0032

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<p align="center">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)</p>	Attorney Docket Number	NK-3
	First Named Inventor	Nonda Katopodis
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for determining Lipid Associated Sialoprotein in Body Fluids

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/GB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/GB/02B attached hereto.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ ☐ Correspondence address below

Name Paul L. Bollo, Esq.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name
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or Surname KatopodisInventor's
Signature *N Katopodis*

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
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or SurnameInventor's
Signature *N Katopodis*

Date

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Citizenship

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City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Nonda Katopodis
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	NK-3

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
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OR

☒ Practitioner(s) named below:

Name	Registration Number
Paul L. Bollo, Esq.	28,694

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Nonda Katopodis
Signature	<i>Nonda Katopodis</i>
Date	February 14, 2001
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> Total of 1 forms are submitted.	

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